



Bib Data Sheet

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SERIAL NUMBER 09/198,723	FILING DATE 11/24/1998 RULE -	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. JB0800
APPLICANTS BRUCE A. MALCOLM, WESTFIELD, NJ ; S. SHANE TAREMI, UPPER MONTCLAIR, NJ ; PATRICIA C. WEBER, YARDLEY, PA ; NANHUA YAO, EDISON, NJ ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/067,315 11/28/1997 AND CLAIMS BENEFIT OF 60/094,331 07/28/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/02/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>RC</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 28 INDEPENDENT CLAIMS 4
ADDRESS JAYE P MCLAUGHLIN SCHERING PLOUGH CORP PATENT DEPT K61 1990 2000 GALLOPING HILL RD KENILWORTH, NJ 070330530 <i># 24265</i>				
TITLE SINGLE-CHAIN RECOMBINANT COMPLEXES OF HEPATITIS C VIRUS NS3 PROTEASE AND NS4A COFACTOR PEPTIDE				
FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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SERIAL NUMBER 09/198,723	FILING DATE 11/24/98	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. JB0800
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APPLICANT
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PATRICIA C. WEBER, YARDLEY, PA; NANHUA YAO, EDISON, NJ.

****CONTINUING DOMESTIC DATA*******
 VERIFIED ll PROVISIONAL APPLICATION NO. 60/067,315 11/28/97
 PROVISIONAL APPLICATION NO. 60/094,331 07/28/98

****371 (NAT'L STAGE) DATA*******
 VERIFIED ll

****FOREIGN APPLICATIONS*******
 VERIFIED ll

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/02/99

Foreign Priority claimed 5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
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Verified and Acknowledged ll Examiner's Initials _____

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2000 GALLOPING HILL RD
KENILWORTH NJ 07033-0530

SINGLE-CHAIN RECOMBINANT COMPLEXES OF HEPATITIS C VIRUS NS3 PROTEASE
AND NS4A COFACTOR PEPTIDE

LING FEE RECEIVED \$982

FEES: Authority has been given in Paper
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